PTO/SB/21 (01-08)

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	Application Number	09/690,825								
TRANSMITTAL	Filing Date	October 18, 2000								
FORM	First Named Inventor	Dario C. Altieri								
	Art Unit	1642								
(to be used for all correspondence after initial filin	Examiner Name	Karen A. Canella								
Total Number of Pages in This Submission 5	Attorney Docket Number	044574-5022-02								
	ENCLOSURES (Check all									
Fee Transmittal Form	Drawing(s)	After Allowance Communication to TC								
Fee Attached	Licensing-related Papers	Appeal Communication to Board of Appeals and Interferences								
Amendment/Reply After Final	Petition Petition to Convert to a Provisional Application	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information								
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence A	ddress Status Letter Other Enclosure(s) (please Identify								
Extension of Time Request	Terminal Disclaimer	below):								
Express Abandonment Request	Request for Refund	Request for Certificate of Correction Copies of PTO/SB/44								
Information Disclosure Statement	CD, Number of CD(s)									
	Landscape Table on CE									
Certified Copy of Priority Document(s)	Remarks									
Reply to Missing Parts/ Incomplete Application										
Reply to Missing Parts										
under 37 CFR 1.52 or 1.53										
	IDE OF ADDITION ATTO	DUEY OD AGENT								
Firm Name	JRE OF APPLICANT, ATTO	RNEY, OR AGENT								
Morgan Lewis & Bockius LL	P									
Signature Dally In	~e									
Printed name Sally P. Tengy	0									
Date May 2, 2008		Reg. No. 45,397								
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PTO/SB/17 (10-07)

Date May 2, 2008

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 481				Complete if Known					
				Application Num	nber	09/690,82	25		
FEE TR			۱∟۲	Filing Date		October 1	8, 2000		
For FY 2008			First Named Inv	entor	Dario C.				
—		0 07.050.46		Examiner Name		Karen A.	Canella		
Applicant claims sma	il entity status.	See 37 CFR 1.2	21	Art Unit		1642			
TOTAL AMOUNT OF PAYMENT (\$) 100.00				Attorney Dockel	tomey Docket No. 044574-5022-02				
METHOD OF PAYMEN	IT (check all	that apply)							
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FEE CALCULATION	1011 - 10-2036.								
I. BASIC FILING, SEA	RCH AND	XAMINATION	FFFS						
. DAGIO I ILINO, GEN	FILING F	EES		CH FEES	EXA	MINATION			
Application Type	Fee (\$)	mall Entity Fee (\$)	Fee (\$	Small Entity	Fee		Entity	Fees Paid (\$)	
Utility	310	155	510	1 Fee (\$) 255	21			13331 202 111	
•	210		100		13		-		
Design		105		50					
Plant	210	105	310	155	16	-	-		
Reissue	310	155	510	255	62				
Provisional	210	105	0	0		0	0	0	
 EXCESS CLAIM FE Fee Description 	ES					E	ee (\$)	Small Entity Fee (\$)	
Each claim over 20 (including Reissues)							50	25	
Each independent claim over 3 (including Reissues)						210	105		
Multiple dependent claims							370	185	
Total Claims	Extra Clain	ns Fee (\$)	Fee	Paid (\$)				ependent Claims	
- 20 or HP = HP = highest number of tot		XX	_ =			Ē	ee (\$)	Fee Paid (\$)	
Indep. Claims	Extra Clain			Paid (\$)					
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 APPLICATION SIZE If the specification an 	: FEE d drawings e	exceed 100 shee	ts of par	ner (excluding e	electro	nically file	ed seque	nce or computer	
listings under 37 (FR 1.52(e))	the application	n size fe	e due is \$260 (5	\$130 fc	r small en	tity) for	each additional 50	
sheets or fraction t		35 U.S.C. 41(a)(1)(G)	and 37 CFR 1.1	16(s).				
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 OTHER FEE(S) Non-English Specif 	ication, \$1	30 fee (no smal	ll entity	discount)				Fees Paid (\$)	
Other (e.g., late filit	ng surcharge): Certificate of Co	orrection					\$100.00	
UBMITTED BY .									
ignature #3	11. 1			Registration No.	4E 007		Telepho	ne 202.739.5734	
ignature (A) (1.4)	1145/2	~~	- 1	(Attorney/Agent) 4	+5,397			202./39.0/34	

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Name (Print/Type) Sally P. Tend